

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 14, 2003

Re: IRO Case # M2-03-1353-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 32-year-old female who on ___ was slammed into a wall. She developed neck, right shoulder, low back and lower extremity pain. No fresh injury such as fracture was seen on lumbar or cervical spine x-rays. The patient has a history of L4-5 decompression and interbody fusion. The fusion appeared to be solid at the time of the x-ray. Examination failed to reveal any reflex, sensory or motor deficit, but straight leg raising was positive bilaterally, and the patient had diminished range of motion in her low back.

The patient pursued physical therapy, but the cervical and lumbar pain persisted, with the lumbar pain apparently becoming more prominent in the last couple of months. An MRI of the cervical and lumbar regions failed to reveal any abnormality in the cervical region, and nothing but chronic changes in the lumbar region without anything of surgical significance.

Requested Service(s)

Lumbar depo medrol and maricaine injection

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The MRI is compatible with chronic changes, and that, in addition to previous lumbar fusion suggests that trauma could well cause neural irritation and result in persistent pain. Injections are sometimes helpful in dealing with such a problem, and the patient has been almost six months since injury and remains partially paralyzed. Therefore, an attempt at relief by the proposed injection is justified.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 16th day of July 2003.